Page:

06,23/2921

12:45 PM

TO:18506176383

FROM: 4073703120

6/23/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000246824 3)))



H210002468243ABC\$

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686

Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TAXPREPARER@LARSONACC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RT PROMOTION LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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TO:18506176383 FROM:4073703120

COVER LETTER

TO:	Registration Division of C	a Section Corporations	(((H210002468	324 3)))
SUBJE		DMOTION LLC		
Somit	.C1:			
		s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following:		
		CAROLINE G LARSON		
		Name of Person		
		LARSON ACCOUNTING GROUP		
		ORLANDO, FL 32819	2021 SEC	
		City/State and Zip Code TAXPREPARER@LARSONACC.COM	2021 JUN 23 SECRETARY ALLAHASSE	FILE
		E-mail address: (to be used for future annual report notification)	SEE S	
For fur	ther information	on concerning this matter, please call:	PM 2: 58	
ADRI.	ANA MUNHC	OLI 407 370-3686	2: 58	
	Nai	me of Person Area Code Daytime Telephone Number		
Enclos	ed is a check f	For the following amount:		
≡ \$2	15.00 Filing Fe	Certificate of Status Certified Copy Certified (additional copy is enclosed) Certified	te of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000246824 3)))

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000241177}{1.19000241177}$.	y were filed on 09/24/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	hility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new regis
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address
	, Florida
	. 1 101104

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H21000246824 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BEATRIZ POIANO VOGEL	7901 KINGSPOINTE PARKWAY SUITE 17	= Add
		ORLANDO, FL 32819	□ Remove
			□ Change
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Ł. (lf an e Note	ctive date, if other the ffective date is listed, the inserted in ment's effective date of	date must be specific a n this block does not	nd cannot be prior to date , meet the applicable s	of filing or n atutory filir	nore than 90 days after	filing.) Pursuant to 605.02 s date will not be listed	207 (3)(as the

Signature of a member or authorized representative of a member

RENE ADOLPHE MICHEL

Typed or printed name of signee

Filing Fee: \$25.00